

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014.

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

	To =	d. P. 9 . 1 P. 1 P													
1. Entity ID No.		the limited liability com													
835753	Ocean	n State	Paratrug ar	id Congl	muction l										
3. State of Formation	4. Brief description	n of the character of bu	usiness conducted in Rhode Island												
R.I.	Pagr	iteny.		_											
5. Principal office address 45 みんなんした	sheet	142g. 2 7100r	City Providence	State RI	2508-										
	TED LIABILITY CO	MPANY AND NAME (OR TITLE OF CONTACT PERSON												
Contact Name	1 Solan	. 0	Contact Title												
Street Address 45 A46	eault sto	eet 2 floor	City Providence	State Z	Zip もて908.										
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - <u>DO NOT</u>	LIST MEMBERS										
Manager Name			Manager Name												
Street Address		•	Street Address												
City	State	Zip	City	State	Zip SE										
Manager Name			Manager Name		0.7.A.										
Street Address			Street Address 5000												
City	State	Zip	City	State	ZIZ: 2										
8. RESIDENT AGENT IN RHODE	ISLAND														
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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

and that all statements contained herein are true and correct.

Signature of Authorized Person
Jose Luis Solano

Print or Type Name of Authorized Person